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PTO/SB/21 (09-04)
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	16

Application Number	09/704,299
Filing Date	November 1, 2000
First Named Inventor	Bianchi, et al.
Art Unit	3732
Examiner Name	Pedro Philogene
Attorney Docket Number	RTI-106R 01915/13974US02

ENCLOSURES (check all that apply)

- ☒ Fee Transmittal Form
  - ☐ Fee Attached
- ☒ Request For Continued Examination Under 37 C.F.R. §1.114 And Amendment, with Exhibit A attached thereto
  - ☐ After Final
  - ☐ Affidavits/declaration(s)
- ☒ Extension of Time Request – 3 months (in duplicate)
- ☐ Express Abandonment Request
- ☐ Information Disclosure Statement
- ☐ Certified Copy of Priority Document(s)
- ☐ Reply to Missing Parts/ Incomplete Application
  - ☐ Reply to Missing Parts under 37 CFR 1.52 or 1.53
- ☐ Drawing(s)
- ☐ Licensing-related Papers
- ☐ Petition
- ☐ Petition to Convert to a Provisional Application
- ☐ Power of Attorney, Revocation Change of Correspondence Address
- ☐ Terminal Disclaimer
- ☐ Request for Refund
- ☐ CD Number of CD(s) _____
  - ☐ Landscape Table on CD
- ☐ After Allowance Communication to TC
- ☐ Appeal Communication to Board of Appeals and Interferences
- ☐ Appeal Communication to TC (*Appeal Notice, Brief, Reply Brief*)
- ☐ Proprietary Information
- ☐ Status Letter
- ☒ Return-Receipt Postcard
- ☐ Other Enclosure(s) (please identify below):

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	McAndrews Held & Malloy, Ltd.
Signature	Michael B Harlin
Printed Name	Michael B. Harlin, Reg. No. 43,658
Date	July 19, 2006

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on July 19, 2006.

Name (Print/type)	Michael B. Harlin	Registration No. (Attorney/Agent)	43,658
Signature	Michael B Harlin	Date	July 19, 2006

PTO/SB/17 (12-04)
Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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Effective on 12/08/2004.
Fees pursuant to the consolidated Appropriates Act. 2005 (H.R. 4818).

FEE TRANSMITTAL for FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT ($) 1810.00

Complete if Known	
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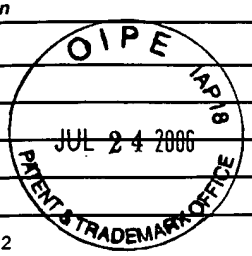

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

☒ Charge Fee(s) indicated below ☐ Charge Fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayments of fees(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES Fee ($)	FILING FEES Small Entity Fee($)	SEARCH FEES Fee($)	SEARCH FEES Small Entity Fee($)	EXAMINATION FEES Fee($)	EXAMINATION FEES Small Entity Fee($)	Fees Paid($)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee($)	Small Entity Fee($)
Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims _____ -20 or HP _____ x _____ = _____ Fee Paid ($)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims _____ -3 or HP _____ x _____ = _____ Fee Paid ($)

HP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims Fee _____ Fee Paid ($) _____

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is $250 ($125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets _____ -100 _____ Extra Sheets _____ /50 _____ Number of each additional 50 or fraction thereof (round up to a whole number) x Fee($) _____ = Fee Paid($) _____

4. OTHER FEE(S)

Fee Paid($)

Non-English Specification, $130 fee (no small entity discount) _____

Other: Request For 3 Month Extension Of Time $1020.00

Request For Continued Examination Under 37 CFR §1.114 $ 790.00

SUBMITTED BY

Signature	Donald J. Pochopien	Registration No. (Attorney/Agent)	32,167	Telephone	(312)775-8000
Name (print/type)	Donald J. Pochopien			Date	July 19, 2006